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The relations of nervous  
disorders in women to pelvic  
disease —————







## THE RELATIONS OF NERVOUS DISORDERS IN WOMEN TO PELVIC DISEASE.<sup>1</sup>

REMARKS BY

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There are no patients more difficult to deal with satisfactorily than the representatives of the great middle class who come from the small country towns with marked hysterical and neurasthenic conditions combined with pelvic diseases. I take it for granted that reputable gynecologists are not given to removing healthy organs for nervous symptoms or for pain only. The problem which presents itself, especially in the class of cases to which I have referred, who cannot live a life of idleness, is how to cure the patient, and this demands much thought. I frequently hear men say in reproach of surgeons that such and such a patient has had her ovaries removed; that she is very decidedly hysterical or neurasthenic, and that any man should have known that the removal of the ovaries would not cure her. It seems to me to be forgotten by such a critic that there is no evidence whatever in his hands that the ovaries were not seriously diseased, and that there was not present a neoplasm, and that the operation was not undertaken as simply one factor in endeavoring to cure the case. When these nervous cases come to us and we find that there is a minor pelvic lesion, we know that if we put them to bed, give them massage, electricity, and forced feeding, we will practically cure them *for the time being*. Many such patients are discharged from hospitals marked "cured," who go home with their pelvic lesion unchanged; while the mere resumption of the upright position and the old habits of life, including the irritation of the displaced uterus or the moderately inflamed tube or appendix, will put the patient where she was before. A man is false to his trust who does not endeavor to cure his patient permanently; but it by no means follows, as seems to be inferred by some men, that oöphorectomy should be done. Frequent criticism is made as to the size of the specimen on the table after an operation. In some cases where the removal of the appendix or tube seems to result in the removal of a very small specimen, the observer loses sight of the

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great importance of the organized inflammatory infiltration which surrounded this organ, and that it may have been the starting-point for attacks of localized peritonitis which have for years kept up the invalid state. A testicle incarcerated in the inguinal canal may require removal just as much when small as when large. Varicocele causes hypochondria in men at times, but only because it is a disease of the sexual apparatus, and not because it is large. The necessity for the removal of an appendix destroyed by inflammation rests not upon the size of the appendix, but upon its condition.

When a case presents itself with an important lesion, a conscientious man is obliged to try to remove it. Among the hopeful methods in modern gynecology is the permanent cure of those retroversions which cause trouble. If these are simple, no treatment is necessary, but if they are complicated, something must be done. One of the most important things to secure is the restoration of the ability to take exercise. Patients will often become comfortable under passive exercise and rest; but they must be put in a position where they can take exercise by themselves, or they will not remain either comfortable or free from nerve symptoms. Inability to take exercise without suffering at every step or from every jar in street-car riding, tends to keep up the idea in the patient's mind that she is suffering from some important disease, although you may assure her that she has no disease until the end of time. Hence arises the necessity for the cure of inflammatory conditions in bladder, uterus, tubes, ovaries. Where an infected tube or ovary has become the focus from which start repeated attacks of pelvic peritonitis this focus must be removed, regardless of its size, yet how many physicians who *never examine their cases* will treat such conditions for supposed ovarian neuralgia or neurasthenia, diagnosing the inflammatory attack itself as typhoid fever of obscure type, or as suspected tuberculosis. It is useless to attempt to cure cases of this kind, unless minor in degree and recent in origin, by rest alone, with or without the use of suggestion and a high type of moral instruction. When they resume their old life, which usually includes much stair-climbing and the care of children, their old troubles return, the real aches soon breed a large progeny of false aches, and within a year the patient is as bad as ever,—a nervous wreck, peevish, hysterical, helpless. What such a patient needs is never double oöphorectomy of sound organs for the sake of inducing the menopause and abolishing dysmenorrhea. She needs careful, intelligent treatment of the organs which are diseased, with possibly the surgical removal of tissue hopelessly diseased; but, above all, every effort must be made to preserve or restore her natural functions, and to disabuse the mind of the idea that there is any



ovarian or uterine trouble. This last can only be done by making her comfortable. If after the first examination no disease is found all local treatment must be carefully avoided, and the case then treated along general lines, just as aches or pains in any other part of the body would be treated. Here lies the remedy for "rest treatment" and suggestion.

Frequently patients will state that they have been told by an operator that their ovaries must come out, when no such statement has been made. This is a matter of experience which every surgeon can appreciate. A most cautiously guarded preliminary opinion, if it includes the suggestion that treatment may fail to cure a diseased condition, after which the question of operation would have to be considered, is a verdict in the minds of many a thoughtless patient. The writer recently performed hysterectomy for cancer on a patient who casually told him that a distinguished neurologist, a Fellow of this college, had told her that she had cancer of the liver *six years ago*. Not only did he not say so, but I did not believe that he did. Yet I have heard that gentleman condemn, unheard and unknown, some surgeon who had operated on a nervous case, taking it for granted that the surgeon had overlooked the true character of the disease.

This same case of hysterectomy for cancer is 60 years old, and has had periods of mental depression almost amounting to hypochondria, with habit of wandering off unexpectedly from a nameless unrest and desire to "go away from herself." These symptoms antedated her operation, from which she is just recovering. I have never told her that she had cancer, to save the mental effect. I venture to prophesy, however, that if she does not die too soon from recurrence of the growth, she will fall into the hands of a neurologist for those nervous symptoms, and that he will be an unusually charitable man if he does not discover in her a new example of serious mental disease caused by removal of the sexual organs. He may even suppose that the hysterectomy was done for the hypochondria, if he admits this preceded the operation. My own opinion he will never know, which is, that the physician who would allow his patient to bleed excessively for fifteen years from a benign growth, as in this case, with all the mental agony and dread of cancer that the patient says she has endured, is responsible for the hypochondria, if not for the malignant disease finally engrafted on the benign.

Many patients with grave hysterical conditions have been restored to health by the removal of pelvic disease at my hands, followed by other treatment. There are many grateful letters now in my possession testifying to their recovery. The operations were

never done to cure organic nerve lesions, nor were they ever normal oöphorectomy, but they have been done to remove tumors, to take away pus-sacs, to hold up diseased uteri, or, in other words, to remove some active factor which had either undermined the patient's vitality by sepsis, bleeding, or constant irritation, or which had prevented her taking the exercise necessary for the health of the nervous system. Where actual disease of the sexual apparatus is present, it seems hard to overlook the enormous mental effect, and the causal relation through a chain of correlated factors, such as worry, sedentary life, constipation, lithemia, and the like, with many of the neurasthenic conditions so common in women of the present day.





